

CLAIMS ONLY								Application Number <div style="font-size: 1.5em; font-family: cursive;">10584295</div>		Filing Date		
								Applicant(s)				
* May be used for additional claims or amendments												
CLAIMS	AS FILED		AFTER FIRST AMENDMENT		AFTER SECOND AMENDMENT							
	Indep	Depend	Indep	Depend	Indep	Depend			Indep	Depend	Indep	Depend
1												
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46												
47												
48												
49												
50												
Total												
Indep	4											
Total												
Depend	6											
Total												
Claims	10											

Application Number 101584295

Filing Date

Applicant(s)

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